

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-3701
 www.iowa.gov/ethics



FORM-GBG

Gift, Bequest, or Grant information
 received by a department or
 accepted by the Governor on behalf
 of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School

Name of Department or Office
 3211 Edgington Ave.

Eldora, IA, 50627

Mailing Address
 641-658-5402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit

Name

3211 Edgington Ave.

Eldora, IA, 50627

Mailing Address (if different from above)

City, State, Zip (if different from above)

mdagit@dhs.state.ia.us

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Rick Fitzwater Salvation Army

Name

1110 Truman Rd

Kansas City, Mo 64106

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/15/2008

\$ 800.00

Date of Gift, Bequest, or Grant

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

101 boxes of x-mas cards for student use

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

12/19/2008

Date

Revised 06/05

IOWA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
DEC 22 AM 8:58

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School

Name of Department or Office
3211 Edgington Ave.

Eldora, IA, 50627

Mailing Address
641-578-5402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit

Name

3211 Edgington Ave.

Eldora, IA, 50627

Mailing Address (if different from above)

City, State, Zip (if different from above)

mdagit@the.state.ia.us

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Cindy Trullinger

Name

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/15/2008

\$ 250.00

Date of Gift, Bequest, or Grant

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Donation to Culinary arts program

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

12/19/2008

Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**State Training School**Name of Department or Office
3211 Edgerton Ave.

Eldora, IA, 50627

Mailing Address
601-858-5402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**Millie Dagit**

Name

3211 Edgerton Ave.

Eldora, IA, 50627

Mailing Address (if different from above)

City, State, Zip (if different from above)

mdagit@dhs.state.ia.us

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:**Aux American Legion-Dows**

Name

Dows, Iowa

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/15/2008

\$ 50.00

Date of Gift, Bequest, or Grant

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof.

Donation to student Christmas fund

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

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Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-858-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) mdagit@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Aux American Legion-Fairbank	
Name	Fairbank, Iowa
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/15/2008	\$ 50.00
Date of Gift, Bequest, or Grant	Amount/Value
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Provide a description of the gift, bequest, or grant and purpose thereof.

Donation to student Christmas fund

Criteria to use this form:

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Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Elkhart, IA, 50627
Mailing Address 141-838-6402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millic Dagit	
Name 3211 Edgington Ave.	Elkhart, IA, 50627
Mailing Address (if different from above) mdagit@iowadep.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Ladies Aux American Legion 304	
Name	Eagle Grove, Iowa 505033
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/4/2008	\$ 75.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Donation to student Christmas fund

Criteria to use this form:

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Statement of Affirmation:

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Signature

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**State Training School**

Name of Department or Office
 3211 Edgington Ave.

Eldora, IA, 50627

Mailing Address
 641-358-5402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**Millie Dagit**

Name

3211 Edgington Ave.

Eldora, IA, 50627

Mailing Address (if different from above)
 mdagit@des.state.ia.us

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:**Ladies Aux American Legion 304**

Name

Lone Rock, Iowa 50559

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/4/2008**\$ 25.00**

Date of Gift, Bequest, or Grant

Amount/Value*

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 receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof.

Donation to student Christmas fund

Criteria to use this form:

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Statement of Affirmation:

I, **Millie Dagit** affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

mdagit
 Signature

12/19/2008

Date